



APPLICATION FOR REFUND OF EDUCATIONAL CONTRIBUTIONS
(VEAP, Chapter 32, Title 38, U.S.C.)

RESPONDENT BURDEN: Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to VA Clearance Officer (723), 810 Vermont Avenue, NW, Washington, DC 20420; and to the Office of Management and Budget, Paperwork Reduction Project (2900-0261), Washington, DC 20503. Please do not send applications for benefits to these addresses.

PRIVACY ACT INFORMATION: The information requested on this form is solicited under 38 U.S.C. 1623 (PL 94-502). This information is necessary to properly identify and refund the amount currently being held in the Post-Vietnam Era Veterans Education Account. Disclosure of information requested is voluntary. However, failure to provide this information may delay your refund payment. The information may be disclosed outside the VA as permitted by law, or as stated in the "Notices of Systems of VA Records" which have been published in the Federal Register in accordance with the Privacy Act of 1974.

IMPORTANT INSTRUCTIONS - Prior to completing this form, you should understand that you may be eligible to receive educational benefits. By completing this form, you will forfeit any entitlement you may have earned. If you have any questions concerning your eligibility, contact your nearest VA regional office before submitting this form. If you wish a refund, complete Parts I & II after carefully reading these instructions. Failure to complete this form properly may result in delay of your refund. Applicants on active duty should have Part III, Section A, completed by the Finance Officer at his/her current installation. Applicants not on active duty should forward this form to the closest VA regional office with a copy of DD Form 214, Notice of Discharge.

PART I - IDENTIFICATION DATA

1. NAME OF APPLICANT	2. SOCIAL SEC. NO.	3. BRANCH OF SERVICE	4. VA FILE NO. (If known)
5. MAILING ADDRESS OF APPLICANT		6. ADDRESS OF COMMAND (If on active duty)	
ZIP CODE			

PART II - NOTICE OF DISENROLLMENT AND APPLICATION FOR REFUND

7. I request that I be disenrolled from the POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM. I further request that all funds that I have contributed to this program be refunded to me. I realize that by this disenrollment *I am forfeiting my entitlement* to receive educational benefits under this program. If I am on active duty, I may again enroll in this program by establish a payroll deduction and/or making a lump sum contribution(s) not to exceed a total of \$2700, thereby reestablishing entitlement to educational benefits.

8 REASON FOR DISENROLLMENT

A ☐ PERSONAL HARDSHIP B ☐ EDUCATION COMPLETED C ☐ VOCATION OBTAINED D ☐ OTHER (Specify)

FOR APPLICANTS ON ACTIVE DUTY	NOTE: The following signature block is to be completed only by applicants on active duty. Signature of Service Approving Official is required only upon disenrollment prior to completion of at least 12 monthly contributions to this program.			
	9. SIGNATURE OF APPLICANT	10. DATE	11. SIGNATURE AND TITLE OF SERVICE APPROVING OFFICIAL	12. DATE

FOR APPLICANTS NOT ON ACTIVE DUTY	NOTE: The following signature block is to be completed only by applicants not on active duty, and must either be notarized by a Notary Public or certified by a VA official upon the applicant's personal appearance and presentation of valid identification at any VA regional office.			
	13A. SIGNATURE OF APPLICANT	13B. DATE	14A. SIGNATURE AND TITLE OF VA CERTIFYING OFFICIAL	14B. DATE
	Sworn to and subscribed before me this _____ day of _____, 19 ____ [SEAL] _____ Notary Public My commission expires _____			

PART III - CERTIFICATION

SECTION A - ON ACTIVE DUTY	I certify that I have reviewed this document and attachment and that payment or refund is proper.		
	15. LAST ALLOTMENT (Month, year)	16. SIGNATURE OF INSTALLATION FINANCE OFFICER	17. DATE
SECTION B - NOT ON ACTIVE DUTY	18. DATE OF DISCHARGE (Per DD Form 214)	19. SIGNATURE OF VA REGIONAL OFFICE FINANCE OFFICER	20. DATE

21. ADDRESS OF INSTALLATION OR VA REGIONAL OFFICE